



**GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD**  
**ATHLETIC CONSENT**  
**Permission to Participate and Acknowledgement of Risk Form**

**This form is important. Please get it translated if you do not understand it.**

---

**Note: STUDENTS UNDER 18 YEARS – Parent/Guardian must sign Page 1 only of this form**  
**STUDENTS 18 YEARS OR OLDER – Student must sign Pages 1 and 3 of this form**

I hereby give permission for my son/daughter/ward \_\_\_\_\_ to participate  
(print name)  
 on the \_\_\_\_\_ team. This permission applies to all scheduled practices, games, tournament and post-season play within the Windsor/Essex region.

Staff Supervisor(s): \_\_\_\_\_  
 \_\_\_\_\_

Cost: \_\_\_\_\_ Equipment required: \_\_\_\_\_

Transportation for the athletic team by:

Please indicate if:	If Student driven vehicle, please complete
<input type="checkbox"/> School bus or other public transportation	Age of driver
<input type="checkbox"/> Teacher driven vehicle	Type of Licence (eg. G, G2)
<input type="checkbox"/> Parent/Guardian driven vehicle	

**If you choose to allow your child or yourself (18 years or older) to participate in this excursion you acknowledge that you understand the elements of risk and possible associated accidents and injuries.**

**Consent to Participate**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature  
 (Student 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Volunteer drivers must have completed a Volunteer Driver Authorization to Transport Students Form (Form 4).**

**Consent to Drive**

*(To be filled in only if your child is a Student Driver for this Athletic Team.)*

I give permission to my son/daughter/ward \_\_\_\_\_ to drive  
(print name)  
 a vehicle containing student passengers for school related activities associated with membership on this team. I understand that my insurance is the primary coverage in case of an accident.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature  
 (Student 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_



**GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD**  
**ATHLETIC CONSENT**  
**Permission to Participate and Acknowledgement of Risk Form**

**This form is important. Please get it translated if you do not understand it.**

## Elements of Risk

1. Educational activity programs, such as athletic teams (which may include free time) present various elements of risk. Accidents resulting from such activities may occur and cause injury.

A few examples of the type of accident for which one is at risk of having occur in this sport are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

The risks associated with the activity **must** be assumed by the participants. Participants are responsible for their personal health, medical, dental and accident insurance coverages.

2. The Greater Essex County District School Board and its schools **do not provide** any accidental death, disability, dismemberment, dental or medical expenses insurance to cover the costs of dental and other injuries that may occur as a result of accidents to students participating in these activities. Student Accident Insurance information is sent home at the beginning of the school year, and as a parent/guardian, it is your decision to obtain this coverage or use private coverage that would entitle your child to these benefits.

**The supervisor(s) of this athletic activity will exercise reasonable precautions to ensure a successful season for all. The rules of conduct for student behaviour, and the consequences, if they are broken, are as set forth in the Students Code of Conduct. All policies regarding student behaviour set out by the Greater Essex County District School Board and the school are in place during the athletic activity. A student who consumes drugs and/or alcoholic beverages, or who exhibits unsafe or unmanageable behaviours will have his/her parents' notified and be sent home at the earliest opportunity, at the parents' expense. Any incidents of irresponsible conduct causing damages to occur will be thoroughly investigated. You will be held responsible for any intentional damages or injury caused by your child/ward.**



## GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

### ATHLETIC CONSENT FOR STUDENTS 18 YEARS OR OLDER

**This form is important. Please get it translated if you do not understand it.**

#### **RELEASE and INDEMNIFICATION AGREEMENT**

**(For Students 18 Years or Older)**

I, \_\_\_\_\_, accept the elements of risk as outlined herein, and hereby  
*Name of Student (18 years or older)*

release \_\_\_\_\_ School, the Greater Essex County District School Board, its staff and agents from any and all liability for any injury sustained by me resulting from my actions while participating in this athletic activity.

I further agree to indemnify and save harmless the adult supervisors, the Greater Essex County District School Board, its staff and agents from and against any and all suits, demands, torts, and actions of any kind which may be brought against its staff or agents for which it/they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to, or suffered by any person or any property, by reason of any act, neglect or default of mine.

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Day phone number:* \_\_\_\_\_ *Night phone number:* \_\_\_\_\_

#### **PLEASE NOTE:**

Students 18 years or older – student must sign Pages 1 and 3 of this form

Students under 18 years – parent/guardian must sign Page 1 only of this form